

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 10, 1999 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

02-10-1999 90009 034 \*\*\*\*150.00

DOCUMENT # P17568

1. Corporation Name  
CH2M HILL INDUSTRIAL DESIGN CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
2020 SW FOURTH AVE.  
3RD FLOOR  
PORTLAND OR 97201

Mailing Address  
2020 SW FOURTH AVE.  
3RD FLOOR  
PORTLAND OR 97201

3. Date Incorporated or Qualified  
01/08/1988

4. FEI Number  
93-0879503

Applied For  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	DALY, DONALD F	
STREET ADDRESS	2020 SW FOURTH AVENUE	
CITY-ST-ZIP	PORTLAND	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	KING, SUSAN D	
STREET ADDRESS	14204 SE CRYSTAL SPRINGS	
CITY-ST-ZIP	PORTLAND OR	
TITLE	V	<input type="checkbox"/> DELETE
NAME	REID, RICHARD S	
STREET ADDRESS	2020 SW FOURTH AVENUE	
CITY-ST-ZIP	PORTLAND	
TITLE	V	<input type="checkbox"/> DELETE
NAME	YOUNG, GREGORY T	
STREET ADDRESS	7402 NE SACRAMENTO	
CITY-ST-ZIP	PORTLAND OR	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DURANT, KENNETH F	
STREET ADDRESS	5420 BREYMAN ORCHARD RD	
CITY-ST-ZIP	DAYTON OR	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PETERSON, RALPH	
STREET ADDRESS	82 FALCON HILLS DR	
CITY-ST-ZIP	HIGHLANDS RANCH CO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan D. King *Susan D. King* 1/7/99 503/224-6040  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)